



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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|--|--|----------------|---------------|-------|----------|--------------|---|--|--|-----------------|----------------------------------|--|--|
| For lobbying reporting period: <input type="checkbox"/> January 1 - last day of February <input checked="" type="checkbox"/> March 1 - April 30 <input type="checkbox"/> May 1 - December 31 Year of Report 20____ | <table style="width: 100%;"> <tr> <td style="width: 30%;">Contact person</td> <td style="width: 40%;">Brad McDaniel</td> <td style="width: 30%;">Phone</td> <td>847-6833</td> </tr> <tr> <td>Organization</td> <td colspan="3">Hawaii Teamsters and Allied Workers Local 996</td> </tr> <tr> <td>Mailing Address</td> <td colspan="3">1817 Hart St. Honolulu, HI 96819</td> </tr> </table> | Contact person | Brad McDaniel | Phone | 847-6833 | Organization | Hawaii Teamsters and Allied Workers Local 996 | | | Mailing Address | 1817 Hart St. Honolulu, HI 96819 | | |
| Contact person | Brad McDaniel | Phone | 847-6833 | | | | | | | | | | |
| Organization | Hawaii Teamsters and Allied Workers Local 996 | | | | | | | | | | | | |
| Mailing Address | 1817 Hart St. Honolulu, HI 96819 | | | | | | | | | | | | |

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 6,114.53

EXPENDITURES

| Category | Total Amount | Category | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials | \$10.37 | 7. Entertainment | |
| 2. Media advertising | | 8. Food & beverages | \$141.52 |
| 3. Telegraph, telephone and other forms of telecommunication | | 9. Gifts | |
| 4. Postage | | 10. Loans | |
| 5. Compensation paid to lobbyists | \$5,941.64 | 11. Other disbursements | \$21.00 |
| 6. Fees (other than to lobbyists) | | TOTAL EXPENDITURES | 6,114.53 |

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|-----------|---------------------------------------|-------------------|
| Glenn Ida | 45-284 Pahikaua St. Kaneohe, HI 96744 | 5941.64 |
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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☐ This section is not applicable☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☐ This section is not applicable☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Brad McDaniel

(Signature of authorized person)

5/30/07

(Date)

Name of authorized person (type or print) Brad McDanielTitle of authorized person Bookkeeper